

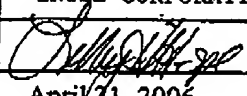


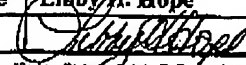
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|   |    |                        |                   |
|---|----|------------------------|-------------------|
| <b>TRANSMITTAL FORM</b><br>(to be used for all correspondence after initial filing) |    | Application No.        | 10/712,854        |
|   |    | Filing Date            | November 12, 2003 |
|   |    | First Named Inventor   | Thomas Stachura   |
|   |    | Art Unit               | 2155              |
|   |    | Examiner Name          | Nguyen, Thu Ha T. |
| Total Number of Pages in This Submission  | 20 | Attorney Docket Number | 42P7040C          |

| ENCLOSURES (check all that apply)  |  |   |
|--|--|---|
| <input checked="" type="checkbox"/> Fee Transmittal Form<br><br><input type="checkbox"/> Fee Attached  | <input type="checkbox"/> Drawing(s)  | <input type="checkbox"/> After Allowance Communication to TC  |
| <input checked="" type="checkbox"/> Amendment / Response<br><input type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s)             | <input type="checkbox"/> Licensing-related Papers  | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences                     |
| <input checked="" type="checkbox"/> Extension of Time Request  | <input type="checkbox"/> Petition  | <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)                 |
| <input type="checkbox"/> Express Abandonment Request   | <input type="checkbox"/> Petition to Convert a Provisional Application                         | <input type="checkbox"/> Proprietary Information  |
| <input type="checkbox"/> Information Disclosure Statement<br><input type="checkbox"/> PTO/SB/08  | <input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address       | <input type="checkbox"/> Status Letter  |
| <input type="checkbox"/> Certified Copy of Priority Document(s)  | <input type="checkbox"/> Terminal Disclaimer   | <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):                         |
| <input type="checkbox"/> Response to Missing Parts/Incomplete Application<br><input type="checkbox"/> Basic Filing Fee<br><input type="checkbox"/> Declaration/POA | <input type="checkbox"/> Request for Refund  | <div style="border: 1px solid black; padding: 5px;">Certificate of Facsimile; and RCE Transmittal</div> |
| <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53   | <input type="checkbox"/> CD, Number of CD(s)<br><input type="checkbox"/> Landscape Table on CD |   |
| Remarks  |  |   |

| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT |   |
|--|---|
| Firm or Individual name                    | Libby H. Hope, Reg. No. 46,774<br>INTEL CORPORATION                                 |
| Signature                                  |  |
| Date                                       | April 21, 2006  |

| CERTIFICATE OF MAILING/TRANSMISSION  |   |      |                |
|--|---|------|----------------|
| I hereby certify that this correspondence is being transmitted via facsimile on the date shown below to the United States Patent and Trademark Office. |   |      |                |
| Typed or printed name  | Libby H. Hope   |      |                |
| Signature  |  | Date | April 21, 2006 |

Based on PTO/SB/21 (09-04) as modified by Blakey, Bolokoff, Taylor & Zeitman (vtr) 11/30/2005.  
SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

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| FEE TRANSMITTAL<br>for FY 2005   |  | Complete if Known    |                   |
|--|--|----------------------|-------------------|
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.<br><b>TOTAL AMOUNT OF PAYMENT</b> (\$) <b>1,160.00</b> |  | Application Number   | 10/712,854        |
|  |  | Filing Date          | November 12, 2003 |
|  |  | First Named Inventor | Thomas Stachura   |
|  |  | Examiner Name        | Nguyen, Thu Ha T. |
|  |  | Art Unit             | 2155              |
|  |  | Attorney Docket No.  | 42P7040C          |

| METHOD OF PAYMENT (check all that apply)  |  |
|---|--|
| <input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____    |  |
| <input checked="" type="checkbox"/> Deposit Account Deposit Account Number: <b>50-0221</b> Deposit Account Name: <b>INTEL CORPORATION</b>   |  |
| For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)  |  |
| <input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee   |  |
| <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20. <input checked="" type="checkbox"/> Credit any overpayments |  |

| FEE CALCULATION  |   |              |                |  |               |                 |          |          |          |          |          |      |    |      |     |                        |      |                                     |      |      |                                   |      |     |  |     |                                       |      |      |      |                           |   |      |     |      |     |   |                     |      |     |      |                   |   |  |      |       |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |       |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |  |  |                            |  |  |  |  |  |                     |  |  |  |  |               |  |  |  |  |            |               |
|--|---|--------------|----------------|--|---------------|-----------------|----------|----------|----------|----------|----------|------|----|------|-----|------------------------|------|-------------------------------------|------|------|-----------------------------------|------|-----|--|-----|---------------------------------------|------|------|------|---------------------------|---|------|-----|------|-----|---|---------------------|------|-----|------|-------------------|---|--|------|-------|------|-----|--|--|------|-------|------|-----|---|--|------|-------|------|-------|--|--|------|-----|------|-----|------------------|--|------|-----|------|-----|--|--|------|-------|------|-----|--------------------------|--|------|-------|------|-------|---|--|------|-----|------|-----|-------------------------------|--|------|----|------|----|-------------------------------------|--|------|-----|------|-----|---|--|------|-----|------|-----|---|--|------|-----|------|-----|--|--|----------------------------|--|--|--|--|--|---------------------|--|--|--|--|---------------|--|--|--|--|------------|---------------|
| 1. EXTRA CLAIM FEES  |   |              |                |  |               |                 |          |          |          |          |          |      |    |      |     |                        |      |                                     |      |      |                                   |      |     |  |     |                                       |      |      |      |                           |   |      |     |      |     |   |                     |      |     |      |                   |   |  |      |       |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |       |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |  |  |                            |  |  |  |  |  |                     |  |  |  |  |               |  |  |  |  |            |               |
| Total Claims: 42<br>Independent Claims: 6<br>Multiple Dependent: 36  | <table border="1"> <tr> <th>Extra Claims</th> <th>Fee from below</th> <th>Fee Paid</th> </tr> <tr> <td>5</td> <td>50.00</td> <td>\$250.00</td> </tr> <tr> <td>0</td> <td>200.00</td> <td>\$0.00</td> </tr> </table> | Extra Claims | Fee from below | Fee Paid   | 5             | 50.00           | \$250.00 | 0        | 200.00   | \$0.00   |          |      |    |      |     |                        |      |                                     |      |      |                                   |      |     |  |     |                                       |      |      |      |                           |   |      |     |      |     |   |                     |      |     |      |                   |   |  |      |       |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |       |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |  |  |                            |  |  |  |  |  |                     |  |  |  |  |               |  |  |  |  |            |               |
| Extra Claims   | Fee from below  | Fee Paid     |                |  |               |                 |          |          |          |          |          |      |    |      |     |                        |      |                                     |      |      |                                   |      |     |  |     |                                       |      |      |      |                           |   |      |     |      |     |   |                     |      |     |      |                   |   |  |      |       |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |       |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |  |  |                            |  |  |  |  |  |                     |  |  |  |  |               |  |  |  |  |            |               |
| 5  | 50.00   | \$250.00     |                |  |               |                 |          |          |          |          |          |      |    |      |     |                        |      |                                     |      |      |                                   |      |     |  |     |                                       |      |      |      |                           |   |      |     |      |     |   |                     |      |     |      |                   |   |  |      |       |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |       |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |  |  |                            |  |  |  |  |  |                     |  |  |  |  |               |  |  |  |  |            |               |
| 0  | 200.00  | \$0.00       |                |  |               |                 |          |          |          |          |          |      |    |      |     |                        |      |                                     |      |      |                                   |      |     |  |     |                                       |      |      |      |                           |   |      |     |      |     |   |                     |      |     |      |                   |   |  |      |       |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |       |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |  |  |                            |  |  |  |  |  |                     |  |  |  |  |               |  |  |  |  |            |               |
| <table border="1"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th>Fee Description</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> <th></th> </tr> </thead> <tbody> <tr> <td>1202</td> <td>50</td> <td>2202</td> <td>25</td> <td>Claims in excess of 20</td> </tr> <tr> <td>1201</td> <td>200</td> <td>2201</td> <td>100</td> <td>Independent claims in excess of 3</td> </tr> <tr> <td>1203</td> <td>380</td> <td>2203</td> <td>180</td> <td>Multiple Dependent claim, if not paid</td> </tr> <tr> <td>1204</td> <td>780</td> <td>2204</td> <td>385</td> <td>**Reissue independent claims over original patent</td> </tr> <tr> <td>1205</td> <td>300</td> <td>2205</td> <td>150</td> <td>**Reissue claims in excess of 20 and over original patent</td> </tr> <tr> <td colspan="4"><b>SUBTOTAL (1)</b></td> <td><b>(3) 250.00</b></td> </tr> </tbody> </table>   |   | Large Entity |                | Small Entity   |               | Fee Description | Fee Code | Fee (\$) | Fee Code | Fee (\$) |          | 1202 | 50 | 2202 | 25  | Claims in excess of 20 | 1201 | 200                                 | 2201 | 100  | Independent claims in excess of 3 | 1203 | 380 | 2203   | 180 | Multiple Dependent claim, if not paid | 1204 | 780  | 2204 | 385                       | **Reissue independent claims over original patent | 1205 | 300 | 2205 | 150 | **Reissue claims in excess of 20 and over original patent | <b>SUBTOTAL (1)</b> |      |     |      | <b>(3) 250.00</b> |   |  |      |       |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |       |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |  |  |                            |  |  |  |  |  |                     |  |  |  |  |               |  |  |  |  |            |               |
| Large Entity   |   | Small Entity |                | Fee Description  |               |                 |          |          |          |          |          |      |    |      |     |                        |      |                                     |      |      |                                   |      |     |  |     |                                       |      |      |      |                           |   |      |     |      |     |   |                     |      |     |      |                   |   |  |      |       |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |       |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |  |  |                            |  |  |  |  |  |                     |  |  |  |  |               |  |  |  |  |            |               |
| Fee Code   | Fee (\$)  | Fee Code     | Fee (\$)       |  |               |                 |          |          |          |          |          |      |    |      |     |                        |      |                                     |      |      |                                   |      |     |  |     |                                       |      |      |      |                           |   |      |     |      |     |   |                     |      |     |      |                   |   |  |      |       |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |       |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |  |  |                            |  |  |  |  |  |                     |  |  |  |  |               |  |  |  |  |            |               |
| 1202   | 50  | 2202         | 25             | Claims in excess of 20   |               |                 |          |          |          |          |          |      |    |      |     |                        |      |                                     |      |      |                                   |      |     |  |     |                                       |      |      |      |                           |   |      |     |      |     |   |                     |      |     |      |                   |   |  |      |       |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |       |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |  |  |                            |  |  |  |  |  |                     |  |  |  |  |               |  |  |  |  |            |               |
| 1201   | 200   | 2201         | 100            | Independent claims in excess of 3                                |               |                 |          |          |          |          |          |      |    |      |     |                        |      |                                     |      |      |                                   |      |     |  |     |                                       |      |      |      |                           |   |      |     |      |     |   |                     |      |     |      |                   |   |  |      |       |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |       |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |  |  |                            |  |  |  |  |  |                     |  |  |  |  |               |  |  |  |  |            |               |
| 1203   | 380   | 2203         | 180            | Multiple Dependent claim, if not paid                            |               |                 |          |          |          |          |          |      |    |      |     |                        |      |                                     |      |      |                                   |      |     |  |     |                                       |      |      |      |                           |   |      |     |      |     |   |                     |      |     |      |                   |   |  |      |       |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |       |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |  |  |                            |  |  |  |  |  |                     |  |  |  |  |               |  |  |  |  |            |               |
| 1204   | 780   | 2204         | 385            | **Reissue independent claims over original patent                |               |                 |          |          |          |          |          |      |    |      |     |                        |      |                                     |      |      |                                   |      |     |  |     |                                       |      |      |      |                           |   |      |     |      |     |   |                     |      |     |      |                   |   |  |      |       |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |       |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |  |  |                            |  |  |  |  |  |                     |  |  |  |  |               |  |  |  |  |            |               |
| 1205   | 300   | 2205         | 150            | **Reissue claims in excess of 20 and over original patent        |               |                 |          |          |          |          |          |      |    |      |     |                        |      |                                     |      |      |                                   |      |     |  |     |                                       |      |      |      |                           |   |      |     |      |     |   |                     |      |     |      |                   |   |  |      |       |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |       |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |  |  |                            |  |  |  |  |  |                     |  |  |  |  |               |  |  |  |  |            |               |
| <b>SUBTOTAL (1)</b>  |   |              |                | <b>(3) 250.00</b>  |               |                 |          |          |          |          |          |      |    |      |     |                        |      |                                     |      |      |                                   |      |     |  |     |                                       |      |      |      |                           |   |      |     |      |     |   |                     |      |     |      |                   |   |  |      |       |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |       |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |  |  |                            |  |  |  |  |  |                     |  |  |  |  |               |  |  |  |  |            |               |
| 2. ADDITIONAL FEES   |   |              |                |  |               |                 |          |          |          |          |          |      |    |      |     |                        |      |                                     |      |      |                                   |      |     |  |     |                                       |      |      |      |                           |   |      |     |      |     |   |                     |      |     |      |                   |   |  |      |       |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |       |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |  |  |                            |  |  |  |  |  |                     |  |  |  |  |               |  |  |  |  |            |               |
| <table border="1"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> <th></th> <th></th> </tr> </thead> <tbody> <tr> <td>1051</td> <td>130</td> <td>2051</td> <td>65</td> <td>Surcharge - late filing fee or oath</td> <td></td> </tr> <tr> <td>1052</td> <td>50</td> <td>2052</td> <td>25</td> <td>Surcharge - late provisional filing fee or cover sheet</td> <td></td> </tr> <tr> <td>2053</td> <td>130</td> <td>2053</td> <td>130</td> <td>Non-English specification</td> <td></td> </tr> <tr> <td>1251</td> <td>120</td> <td>2251</td> <td>80</td> <td>Extension for reply within first month</td> <td>120.00</td> </tr> <tr> <td>1252</td> <td>450</td> <td>2252</td> <td>225</td> <td>Extension for reply within second month</td> <td></td> </tr> <tr> <td>1253</td> <td>1,020</td> <td>2253</td> <td>510</td> <td>Extension for reply within third month</td> <td></td> </tr> <tr> <td>1254</td> <td>1,590</td> <td>2254</td> <td>785</td> <td>Extension for reply within fourth month</td> <td></td> </tr> <tr> <td>1255</td> <td>2,160</td> <td>2255</td> <td>1,080</td> <td>Extension for reply within fifth month</td> <td></td> </tr> <tr> <td>1401</td> <td>500</td> <td>2401</td> <td>250</td> <td>Notice of Appeal</td> <td></td> </tr> <tr> <td>1402</td> <td>500</td> <td>2402</td> <td>250</td> <td>Filing a brief in support of an appeal</td> <td></td> </tr> <tr> <td>1403</td> <td>1,000</td> <td>2403</td> <td>500</td> <td>Request for oral hearing</td> <td></td> </tr> <tr> <td>1451</td> <td>1,510</td> <td>2451</td> <td>1,510</td> <td>Petition to institute a public use proceeding</td> <td></td> </tr> <tr> <td>1460</td> <td>130</td> <td>2400</td> <td>120</td> <td>Petitions to the Commissioner</td> <td></td> </tr> <tr> <td>1807</td> <td>50</td> <td>1807</td> <td>50</td> <td>Processing fee under 37 CFR 1.17(g)</td> <td></td> </tr> <tr> <td>1808</td> <td>180</td> <td>1808</td> <td>180</td> <td>Submission of Information Disclosure Stmt</td> <td></td> </tr> <tr> <td>1809</td> <td>790</td> <td>1809</td> <td>395</td> <td>Filing a submission after final rejection (37 CFR § 1.128(a))</td> <td></td> </tr> <tr> <td>1810</td> <td>790</td> <td>2810</td> <td>395</td> <td>For each additional invention to be examined (37 CFR § 1.128(b))</td> <td></td> </tr> <tr> <td colspan="4">Other fee (specify): _____</td> <td></td> <td></td> </tr> <tr> <td colspan="4"><b>SUBTOTAL (2)</b></td> <td></td> <td><b>780.00</b></td> </tr> <tr> <td colspan="4"></td> <td><b>(3)</b></td> <td><b>910.00</b></td> </tr> </tbody> </table> |   | Large Entity |                | Small Entity   |               | Fee Description | Fee Paid | Fee Code | Fee (\$) | Fee Code | Fee (\$) |      |    | 1051 | 130 | 2051                   | 65   | Surcharge - late filing fee or oath |      | 1052 | 50                                | 2052 | 25  | Surcharge - late provisional filing fee or cover sheet |     | 2053                                  | 130  | 2053 | 130  | Non-English specification |   | 1251 | 120 | 2251 | 80  | Extension for reply within first month                    | 120.00              | 1252 | 450 | 2252 | 225               | Extension for reply within second month |  | 1253 | 1,020 | 2253 | 510 | Extension for reply within third month |  | 1254 | 1,590 | 2254 | 785 | Extension for reply within fourth month |  | 1255 | 2,160 | 2255 | 1,080 | Extension for reply within fifth month |  | 1401 | 500 | 2401 | 250 | Notice of Appeal |  | 1402 | 500 | 2402 | 250 | Filing a brief in support of an appeal |  | 1403 | 1,000 | 2403 | 500 | Request for oral hearing |  | 1451 | 1,510 | 2451 | 1,510 | Petition to institute a public use proceeding |  | 1460 | 130 | 2400 | 120 | Petitions to the Commissioner |  | 1807 | 50 | 1807 | 50 | Processing fee under 37 CFR 1.17(g) |  | 1808 | 180 | 1808 | 180 | Submission of Information Disclosure Stmt |  | 1809 | 790 | 1809 | 395 | Filing a submission after final rejection (37 CFR § 1.128(a)) |  | 1810 | 790 | 2810 | 395 | For each additional invention to be examined (37 CFR § 1.128(b)) |  | Other fee (specify): _____ |  |  |  |  |  | <b>SUBTOTAL (2)</b> |  |  |  |  | <b>780.00</b> |  |  |  |  | <b>(3)</b> | <b>910.00</b> |
| Large Entity   |   | Small Entity |                | Fee Description  | Fee Paid      |                 |          |          |          |          |          |      |    |      |     |                        |      |                                     |      |      |                                   |      |     |  |     |                                       |      |      |      |                           |   |      |     |      |     |   |                     |      |     |      |                   |   |  |      |       |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |       |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |  |  |                            |  |  |  |  |  |                     |  |  |  |  |               |  |  |  |  |            |               |
| Fee Code   | Fee (\$)  | Fee Code     | Fee (\$)       |  |               |                 |          |          |          |          |          |      |    |      |     |                        |      |                                     |      |      |                                   |      |     |  |     |                                       |      |      |      |                           |   |      |     |      |     |   |                     |      |     |      |                   |   |  |      |       |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |       |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |  |  |                            |  |  |  |  |  |                     |  |  |  |  |               |  |  |  |  |            |               |
| 1051   | 130   | 2051         | 65             | Surcharge - late filing fee or oath                              |               |                 |          |          |          |          |          |      |    |      |     |                        |      |                                     |      |      |                                   |      |     |  |     |                                       |      |      |      |                           |   |      |     |      |     |   |                     |      |     |      |                   |   |  |      |       |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |       |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |  |  |                            |  |  |  |  |  |                     |  |  |  |  |               |  |  |  |  |            |               |
| 1052   | 50  | 2052         | 25             | Surcharge - late provisional filing fee or cover sheet           |               |                 |          |          |          |          |          |      |    |      |     |                        |      |                                     |      |      |                                   |      |     |  |     |                                       |      |      |      |                           |   |      |     |      |     |   |                     |      |     |      |                   |   |  |      |       |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |       |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |  |  |                            |  |  |  |  |  |                     |  |  |  |  |               |  |  |  |  |            |               |
| 2053   | 130   | 2053         | 130            | Non-English specification  |               |                 |          |          |          |          |          |      |    |      |     |                        |      |                                     |      |      |                                   |      |     |  |     |                                       |      |      |      |                           |   |      |     |      |     |   |                     |      |     |      |                   |   |  |      |       |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |       |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |  |  |                            |  |  |  |  |  |                     |  |  |  |  |               |  |  |  |  |            |               |
| 1251   | 120   | 2251         | 80             | Extension for reply within first month                           | 120.00        |                 |          |          |          |          |          |      |    |      |     |                        |      |                                     |      |      |                                   |      |     |  |     |                                       |      |      |      |                           |   |      |     |      |     |   |                     |      |     |      |                   |   |  |      |       |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |       |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |  |  |                            |  |  |  |  |  |                     |  |  |  |  |               |  |  |  |  |            |               |
| 1252   | 450   | 2252         | 225            | Extension for reply within second month                          |               |                 |          |          |          |          |          |      |    |      |     |                        |      |                                     |      |      |                                   |      |     |  |     |                                       |      |      |      |                           |   |      |     |      |     |   |                     |      |     |      |                   |   |  |      |       |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |       |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |  |  |                            |  |  |  |  |  |                     |  |  |  |  |               |  |  |  |  |            |               |
| 1253   | 1,020   | 2253         | 510            | Extension for reply within third month                           |               |                 |          |          |          |          |          |      |    |      |     |                        |      |                                     |      |      |                                   |      |     |  |     |                                       |      |      |      |                           |   |      |     |      |     |   |                     |      |     |      |                   |   |  |      |       |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |       |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |  |  |                            |  |  |  |  |  |                     |  |  |  |  |               |  |  |  |  |            |               |
| 1254   | 1,590   | 2254         | 785            | Extension for reply within fourth month                          |               |                 |          |          |          |          |          |      |    |      |     |                        |      |                                     |      |      |                                   |      |     |  |     |                                       |      |      |      |                           |   |      |     |      |     |   |                     |      |     |      |                   |   |  |      |       |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |       |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |  |  |                            |  |  |  |  |  |                     |  |  |  |  |               |  |  |  |  |            |               |
| 1255   | 2,160   | 2255         | 1,080          | Extension for reply within fifth month                           |               |                 |          |          |          |          |          |      |    |      |     |                        |      |                                     |      |      |                                   |      |     |  |     |                                       |      |      |      |                           |   |      |     |      |     |   |                     |      |     |      |                   |   |  |      |       |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |       |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |  |  |                            |  |  |  |  |  |                     |  |  |  |  |               |  |  |  |  |            |               |
| 1401   | 500   | 2401         | 250            | Notice of Appeal   |               |                 |          |          |          |          |          |      |    |      |     |                        |      |                                     |      |      |                                   |      |     |  |     |                                       |      |      |      |                           |   |      |     |      |     |   |                     |      |     |      |                   |   |  |      |       |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |       |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |  |  |                            |  |  |  |  |  |                     |  |  |  |  |               |  |  |  |  |            |               |
| 1402   | 500   | 2402         | 250            | Filing a brief in support of an appeal                           |               |                 |          |          |          |          |          |      |    |      |     |                        |      |                                     |      |      |                                   |      |     |  |     |                                       |      |      |      |                           |   |      |     |      |     |   |                     |      |     |      |                   |   |  |      |       |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |       |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |  |  |                            |  |  |  |  |  |                     |  |  |  |  |               |  |  |  |  |            |               |
| 1403   | 1,000   | 2403         | 500            | Request for oral hearing   |               |                 |          |          |          |          |          |      |    |      |     |                        |      |                                     |      |      |                                   |      |     |  |     |                                       |      |      |      |                           |   |      |     |      |     |   |                     |      |     |      |                   |   |  |      |       |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |       |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |  |  |                            |  |  |  |  |  |                     |  |  |  |  |               |  |  |  |  |            |               |
| 1451   | 1,510   | 2451         | 1,510          | Petition to institute a public use proceeding                    |               |                 |          |          |          |          |          |      |    |      |     |                        |      |                                     |      |      |                                   |      |     |  |     |                                       |      |      |      |                           |   |      |     |      |     |   |                     |      |     |      |                   |   |  |      |       |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |       |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |  |  |                            |  |  |  |  |  |                     |  |  |  |  |               |  |  |  |  |            |               |
| 1460   | 130   | 2400         | 120            | Petitions to the Commissioner                                    |               |                 |          |          |          |          |          |      |    |      |     |                        |      |                                     |      |      |                                   |      |     |  |     |                                       |      |      |      |                           |   |      |     |      |     |   |                     |      |     |      |                   |   |  |      |       |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |       |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |  |  |                            |  |  |  |  |  |                     |  |  |  |  |               |  |  |  |  |            |               |
| 1807   | 50  | 1807         | 50             | Processing fee under 37 CFR 1.17(g)                              |               |                 |          |          |          |          |          |      |    |      |     |                        |      |                                     |      |      |                                   |      |     |  |     |                                       |      |      |      |                           |   |      |     |      |     |   |                     |      |     |      |                   |   |  |      |       |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |       |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |  |  |                            |  |  |  |  |  |                     |  |  |  |  |               |  |  |  |  |            |               |
| 1808   | 180   | 1808         | 180            | Submission of Information Disclosure Stmt                        |               |                 |          |          |          |          |          |      |    |      |     |                        |      |                                     |      |      |                                   |      |     |  |     |                                       |      |      |      |                           |   |      |     |      |     |   |                     |      |     |      |                   |   |  |      |       |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |       |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |  |  |                            |  |  |  |  |  |                     |  |  |  |  |               |  |  |  |  |            |               |
| 1809   | 790   | 1809         | 395            | Filing a submission after final rejection (37 CFR § 1.128(a))    |               |                 |          |          |          |          |          |      |    |      |     |                        |      |                                     |      |      |                                   |      |     |  |     |                                       |      |      |      |                           |   |      |     |      |     |   |                     |      |     |      |                   |   |  |      |       |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |       |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |  |  |                            |  |  |  |  |  |                     |  |  |  |  |               |  |  |  |  |            |               |
| 1810   | 790   | 2810         | 395            | For each additional invention to be examined (37 CFR § 1.128(b)) |               |                 |          |          |          |          |          |      |    |      |     |                        |      |                                     |      |      |                                   |      |     |  |     |                                       |      |      |      |                           |   |      |     |      |     |   |                     |      |     |      |                   |   |  |      |       |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |       |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |  |  |                            |  |  |  |  |  |                     |  |  |  |  |               |  |  |  |  |            |               |
| Other fee (specify): _____   |   |              |                |  |               |                 |          |          |          |          |          |      |    |      |     |                        |      |                                     |      |      |                                   |      |     |  |     |                                       |      |      |      |                           |   |      |     |      |     |   |                     |      |     |      |                   |   |  |      |       |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |       |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |  |  |                            |  |  |  |  |  |                     |  |  |  |  |               |  |  |  |  |            |               |
| <b>SUBTOTAL (2)</b>  |   |              |                |  | <b>780.00</b> |                 |          |          |          |          |          |      |    |      |     |                        |      |                                     |      |      |                                   |      |     |  |     |                                       |      |      |      |                           |   |      |     |      |     |   |                     |      |     |      |                   |   |  |      |       |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |       |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |  |  |                            |  |  |  |  |  |                     |  |  |  |  |               |  |  |  |  |            |               |
|  |   |              |                | <b>(3)</b>   | <b>910.00</b> |                 |          |          |          |          |          |      |    |      |     |                        |      |                                     |      |      |                                   |      |     |  |     |                                       |      |      |      |                           |   |      |     |      |     |   |                     |      |     |      |                   |   |  |      |       |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |       |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |  |  |                            |  |  |  |  |  |                     |  |  |  |  |               |  |  |  |  |            |               |

| SUBMITTED BY      |   | Complete if applicable            |                |
|-------------------|---|-----------------------------------|----------------|
| Name (Print/Type) | Libby H. Hope   | Registration No. (Attorney/Agent) | 46,774         |
| Signature         |  | Telephone                         | (949) 498-0601 |
|                   |   | Date                              | 04/21/06       |

Based on PTO/SB/17 (12-04) as modified by Etkind, Sokoloff, Taylor & Zafman (wtr) 12/15/2004.  
 SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450